

Agy Contract No.

Vendor Information		Contracting Agency Name & Address	
No/Sfx			
Name			
Street			
City, State & Zip			

Sfx	T/C	Ref. Doc.	Sfx	M	Fund	BFY	Index	PCA	Sub-obj	Det	R	Amount	Agency Use
											Document Total		
											\$		

LEASE TYPE:	PRIOR DOC. NO.
<input type="checkbox"/> New Lease	
<input type="checkbox"/> Amended Lease Terms	
<input type="checkbox"/> Re-encumber Previously Approved Lease	

LEASE DESCRIPTION:

PAYMENT SCHEDULE:					
Total Lease Commitment Amount	\$ _____				
Lease Beginning Date:	_____	Lease Ending Date:	_____		
Payment Frequency:					
	_____ payment(s) of _____ due _____				
	_____ payment(s) of _____ due _____				

APPROVALS:			
_____ Director of Facilities Management	_____ Date	_____ Secretary of Administration	_____ Date
_____ Director of Accounts and Reports	_____ Date	This contract was prepared and excuted at my direction with full knowledge of the obligations incurred.	
Approved as to form and execution:			
_____ Dept. of Admin. Att. or Att. Gen.	_____ Date	_____ Agency Authorized Signature	_____ Date